

## Helping Workers With Substance Use Disorders Start a Path To Recovery: A Guide for Employers

Problems with alcohol or drugs occur among millions of people who are employed.<sup>1</sup> To help address these problems in the workplace, companies can make an effort to be in touch with

their employees and provide a supportive alcohol- and drug-free workplace. Companies that take such actions can see substantial corporate benefits. By taking a proactive approach and encouraging employees and corporate managers with these problems to seek help, employers actually can promote increases in employee performance, motivation, and morale, while also boosting customer satisfaction and financial savings.<sup>2</sup>

As you make plans to improve the productivity of your business and the company bottom line, it is important to consider what you invest to support managers' and employees' health, especially for people who have problems with alcohol or drugs. As many as 63 percent of Americans say that addiction to alcohol or other drugs has had an impact on them at some point in their lives, whether it was the addiction of a friend or family member or another experience, such as their own personal addiction.<sup>3</sup> Overall, millions of Americans live with substance use disorders.

Substance use disorders encompass both dependence on and abuse of alcohol and illicit

drugs. Dependence on and abuse of alcohol and illicit drugs, which include nonmedical use of prescription-type drugs, are defined using the American Psychiatric Association's criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders*, 4<sup>th</sup> edition (DSM-IV). Dependence reflects a more severe substance problem than abuse; individuals are classified with abuse of a particular substance only if they are not dependent on that substance.<sup>4</sup>



My drinking had become a very significant part of my social life, but it began to negatively affect my health and marriage. I went through

15 admissions to inpatient detoxification before I finally achieved and maintained recovery from alcohol in 2003. By then, I had been at almost every hospital in New York State. I want to thank the program staff for helping me regain confidence by giving me support with patience, love, and professional knowledge. I thank God. I was in bondage to alcohol for 36 years, but now I am free. I have a goal in life, and I have total acceptance from my family.

**George Tan**

*Manager of a Printing Company*

**Employers take note:** in 2003 alone, 76.8 percent (14.9 million) of the adults who suffered from substance use disorders were employed.<sup>5</sup> In fact, about 34 percent of admissions to treatment programs for substance use disorders in 2001 included people who were employed full-time or part-time when they entered treatment, according to the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Treatment Episode Data Set (TEDS).<sup>6</sup> Addiction remains the most common problem for employees in most workplaces, accounting for 20 percent of voluntary employee-assistance referrals to treatment and 50 percent of supervisory referrals.<sup>7</sup>

Problems with alcohol or drugs can affect anyone, even your most valued employees.<sup>8</sup> Fortunately, however, substance use disorders are medical conditions for which treatment is highly effective.<sup>9</sup> Offered the opportunity, people in recovery from addiction can do meaningful work, contribute positively to their communities, and are productive, tax-paying members of society.

In fact, many people in recovery are outstanding employees precisely because they have faced obstacles and overcome enormous challenges.<sup>10</sup>

Yet large numbers of people who could be helped by treatment still do not receive it. Of the 1 million people surveyed in 2003 who felt they needed treatment for substance use disorders, 273,000 (26.3 percent) made an effort but were unable to receive the treatment they wanted.<sup>11</sup>

Because so many people affected by substance use disorders are employed, employers play an important role in helping guide managers and employees toward recovery, and those employees and managers can continue working while receiving treatment. Employers can provide a supportive work environment through a comprehensive drug-free workplace program.<sup>12</sup>

These programs typically include:

- A clear company policy on substance use
- Employee education
- Supervisor training
- An employee assistance program (EAP)
- Drug testing (when appropriate)

Keep in mind that drug testing is only one part of a drug-free workplace program, and many state and local governments have statutes that limit or prohibit workplace testing.<sup>13</sup> Some states have laws that offer companies certain discounts on workers' compensation insurance premiums if they establish drug-free workplace programs. The U.S. Department of Labor's Working Partners for an Alcohol- and Drug-Free Workplace Web site, which is available at [www.dol.gov/asp/programs/drugs/said/StateLaws.asp](http://www.dol.gov/asp/programs/drugs/said/StateLaws.asp), provides information on these laws for each state or territory, as well as other laws relating to drug-free workplaces. These laws pertain to drug testing, unemployment compensation, workers' compensation, and state drug-free workplace acts. Not all states or territories have a drug-free workplace-related law.<sup>14</sup>

Another way employers can help is by offering their employees private health insurance plans that cover treatment for substance use disorders at the same level that other medical conditions are covered.<sup>15</sup> Additionally, they can take other steps to support workers in recovery. It is important for employers to understand the distinction between recovery and treatment. Recovery, the process of initiating and maintaining abstinence from alcohol or other drug use, frequently requires multiple episodes of treatment. For many, treatment involves multiple interventions and attempts at abstinence, and treatment can occur in a variety of settings, in many different forms, and for different lengths of time.<sup>16, 17</sup>

Retaining managers and other workers who have substance use disorders may require some practical and creative efforts to aid their transition back to work and provide continued support for their recovery. But importantly, these efforts also can benefit the rest of your employees. A small investment of support can lead to a considerable reward: loyal, long-term employees.<sup>18</sup>

Some employers have already seen the corporate benefits of doing so. For example, Chevron Texaco found that from 1990 to 1996, three-fourths of the employees who entered the company employee assistance program with alcohol use disorders were able to keep their jobs, while nationally the turnover average is about 40 percent for employees with *untreated* alcohol use disorders. Providing an EAP is far more cost-effective than other responses to alcohol use disorders, such as automatic termination. It helps the company keep its experienced employees, saving training expenses—costs that are far higher than the cost of alcohol use disorder treatment.<sup>19, 20</sup>

Other employers are using a variety of effective avenues to provide needed treatment for affected employees. Shell Oil took a straightforward step by establishing a position in its health services division dedicated to advocating for people with substance use problems.<sup>21</sup> Employers such as American Airlines, Eastman Kodak, IBM, General Motors, Delta Air Lines, Pepsico, and AT&T have provided relatively generous private insurance packages for addiction treatment. Most use managed-care firms to control costs, an approach they determine to be cost-effective.<sup>22</sup> By committing to a drug-free workplace and supporting substance use disorder treatment programs for employees, businesses can experience a variety of benefits, including performance improvements that can contribute to the company's success.

The costs and benefits of workplace policies are the primary considerations for businesses; no single solution will work for every organization. But reviewing various approaches to substance use disorder treatment and recovery will help employers make the right decisions for their businesses.

Estimating the cost of substance use disorders to businesses of a similar size can help employers find the best solution for their work environment. Through The George Washington University Medical Center, the Ensuring Solutions to Alcohol Problems initiative offers an alcohol cost calculator that companies can use to compute how much alcohol use disorders can cost their businesses. The calculator can be found at [www.alcoholcostcalculator.org/business/index.html](http://www.alcoholcostcalculator.org/business/index.html), where businesses also can learn more about how to reduce the costs of alcohol use disorders.<sup>23</sup>

## Assessment and Referral

In the workplace, the tasks of recognizing a particular employee's need for treatment and referring that person to a treatment program can be done through corporate efforts that are backed by the support of all employees in the office. This ensures that employees who need treatment get to an appropriate treatment program. Employer support can begin by providing supervisors with training on how to recognize the signs of substance use disorders based on job performance, as well as guidance for intervening and making appropriate referrals. Employers also can educate all of their workers that alcohol and drug addiction are treatable diseases and treatment is effective.<sup>24</sup>

In many workplaces, peoples' coworkers are often the first to notice a change in their behaviors or attitudes. Coworkers can help the personal problems of a fellow employee be identified and addressed in the early stages, before serious job performance problems develop.<sup>25</sup>

### Using EAPs to Assess and Refer Employees to Treatment

As an employer, you can offer employee assistance programs (EAPs) to help people who recognize they need help finding a treatment program. An EAP can provide confidential problem identification, short-term counseling, referrals to treatment, and follow-up services to help resolve employees' problems.<sup>26</sup>

In the *Worker Drug Use and Workplace Policies and Programs* study by SAMHSA, people whose employers provided EAPs, as well as drug and alcohol information and written drug and alcohol policies, were less likely to abuse illicit drugs.<sup>27</sup> In addition to the many health and wellness benefits they offer employees, EAPs have been proven to save employers money. EAPs are increasingly seen as a way to keep workers productive and healthy.<sup>28</sup>

There has been an explosive growth of EAPs in the past decade. More than 80 million Americans now have access to EAP services of some kind—a 247 percent increase since 1993.<sup>29</sup> In 2000, 76 percent of full-time employees aged 18 to 49 reported that their workplace had written policies on substance use, and 53 percent were aware of EAPs at their workplace.<sup>30</sup>

For EAPs to be successful, people need to feel comfortable enough to use them, which depends on the workplace environment. Currently, 89 percent of human resources (HR) professionals believe treatment is effective in helping employees fight the disease of addiction, but a quarter of HR professionals also say there is a belief in their companies that it is easier to terminate an addicted employee than to get him or her into treatment. Additionally, more than half say there is a lack of expertise in their companies to identify addiction.<sup>31</sup>

Reducing the stigma and changing these attitudes will require a concerted effort.<sup>32</sup> One way to reduce the discrimination against people with substance use disorders is to provide comprehensive EAPs that are confidential. The Ensuring Solutions to Alcohol Problems initiative lists steps for employers to consider regarding EAPs, including assuring self-referred employees that accessing EAP services for help with an alcohol problem will be confidential and will not result in any job repercussions.<sup>33, 34, 35, 36</sup>

Another issue to consider is whether the EAP is capable of focusing on the many facets of an employee's life. Employees who have children or aging parents have particular needs and concerns about their family members that can affect their everyday performance.<sup>37</sup> And 99 percent of HR professionals say they believe that employees who have children with addiction problems use an increasing amount of health care dollars.<sup>38</sup>

These figures show how employers that recognize the need to include family members as well as employees in an EAP can promote a strong and supportive work environment. They also stress the importance of understanding employees' challenges and developing strategies to improve job satisfaction and productivity, while also looking to improve the organization's bottom line.<sup>39</sup>

EAPs are cost-effective, and small employers can make EAP services available by joining with other companies in a consortium or cooperative agreement, or working with a local business or trade association to start an EAP for its membership. For those companies that have taken the time and effort to set up an EAP, the results have been worth it. EAPs can help a company save money in terms of less absenteeism, fewer accidents, decreased use of medical and insurance benefits, savings in workers' compensation claims, fewer grievances and arbitrations, and fewer employee replacement costs.<sup>40</sup>

Even without a formal EAP, workplaces can offer education and awareness programs for employees that include information on where to get help with alcohol and other drug problems.<sup>41</sup>

## **Access to Treatment**

Employees with substance use disorders often turn to their employers for help in obtaining access to treatment, which employers may provide as part of their drug-free workplace programs. These programs are tailored by a company to promote a safe and productive workplace.

Such programs may include workplace policies that increase employees' access to treatment, along with EAPs that not only provide referral to treatment, but also offer employee education, supervisory training, and both short-term and continuing treatment services. These elements can help create an environment that encourages access to treatment, support for recovery, and the return of the employee to productive work. Employers can ensure that an employee who needs treatment experiences a smooth transition back into the workplace during and after receiving treatment by creating a supportive work environment.<sup>42, 43</sup>

Employers should not worry that providing their employees with access to treatment will interfere with their ability to perform their jobs. Research shows that someone who is busy is much less likely to relapse and begin drinking or using drugs again than someone recuperating at home. Furthermore, intensive outpatient programs are effective and allow workers to stay on the job, seeking treatment outside of work. For example, someone who enters a weekend alcohol detoxification program could be back to work on Monday, provided they continue to participate in outpatient treatment and if they receive ongoing case management from appropriate treatment professionals.<sup>44</sup> As part of that ongoing care, employees in some states have access to specialized aftercare programs that can help in the long term by preventing relapse among people trying to maintain recovery from alcohol and drug addiction.<sup>45</sup>

The following actions by employers help create not only a drug-free workplace, but a healthy environment that supports treatment and recovery:

- Offer flexible hours to allow people in treatment to attend meetings, support groups, and counseling sessions.
- Create a mentoring program for new employees to eliminate the anxieties that are typically present when starting a new job.
- Recruit workplace-recovery sponsors to help keep people on track. These workers can be a valuable resource for an employer.
- Offer life skills training for employees and supervisors. This can include stress and time management and communication skills. Such training often has a positive impact on overall job performance.
- When possible, offer health insurance to all employees. This can significantly relieve stress and may encourage someone with a substance use disorder to enter treatment.
- Plan work-related social events sensitively and carefully, ensuring all employees are comfortable with the atmosphere.
- Always respect confidentiality. Employers must recognize and appreciate the delicate balance between wanting to help and an employee's need and desire for privacy.<sup>46</sup>



I am a Vietnam veteran and a recovering alcoholic with 20 years of sobriety, and I have worked at Prospect House, a long-term residential treatment program, for 19 years, counsel-

ing and helping men get their lives back on track. Vietnam was the starting point of my alcoholism; my Vietnam experience changed my life forever. After I left the Army, I had to adapt to life all over again. By this time, drinking had become a major part of my life. Although I went to college and earned a degree, my drinking would eventually spiral out of control. Not realizing it, I was suffering from post-traumatic stress disorder. Finally, I became tired of being tired, and met someone who talked about treatment at the Veteran's Administration facility. I decided to try it. In the beginning of my treatment I was hostile and angry, but with the help of a very good counselor I soon learned about the disease I was suffering from, and began my journey in recovery. Ultimately, I founded Faces & Voices of Recovery in Cincinnati, Ohio, and have been doing recovery advocacy ever since.

**Roger A. Zellars**

*Recovery Advocate*



## Health Care Coverage

In addition to helping employees find treatment for substance use disorders, employers can offer private health insurance plans that cover a full range of treatments for employees and their families. This can be difficult with today's economy, where employers are trying to cut costs. Programs such as EAPs can be particularly susceptible to the financial pressures of the health care market, even though they have the potential to deliver vital services.<sup>47, 48</sup> Such financial pressures are so common that they were noted in a speech by Tommy Thompson during his tenure as Secretary of the U.S. Department of Health and Human Services from 2001 to early 2005.

"Most corporations, as you know, offer their employees part of their compensation in cash, and part in the form of health benefits. And, if you talk to senior management of corporations in almost any industry about their biggest concerns, as I have, over and over you hear about rising health care costs. The more expensive health care is, the harder it is to compete with foreign competitors...That's why employer spending on prevention is a wise investment that pays off," Secretary Thompson said, recognizing the concerns of employers about rising health care costs.<sup>49</sup>

Experts expect the cost of providing employee health insurance coverage to double by 2007—prompting many employers to consider strategies to help control costs.<sup>50</sup> In an economy where employers look to cut costs, providing additional covered services may not appear cost effective. In the long term, however, the opposite is often true.<sup>51, 52</sup> In some cases, integrating addiction treatment with medical treatment can cut the cost of medical treatment in half.<sup>53</sup>

In fact, identifying and treating alcohol use disorders can be good business practices. Increasing access to substance use disorder treatments can help employers cut costs while improving their businesses' overall productivity,<sup>54</sup> because alcohol use disorder treatments are known to reduce health care costs for most problem drinkers, with even higher savings seen among younger problem drinkers.<sup>55, 56, 57, 58</sup> Recent data now reveal that providing private insurance coverage for treatment services is not only effective in helping people return to work, it also reduces health care costs overall. This is clearly a benefit for employers, who are likely to invest in treatments that save money while strengthening their workforce, as well as a benefit for private insurers.<sup>59, 60</sup>

Employers can adopt various levels of private insurance coverage for substance use disorder treatment depending on their corporate environment. Through private insurers, employers are now beginning to cover more treatment services because they recognize the value of treatment. In fact, many large employers have dropped day and visit limits on treatment. However, lifetime and episode-of-care caps remain in place.<sup>61</sup>

In deciding how much private insurance coverage to purchase for employees, companies can consider ways to make the most of their money. Providing coverage for certain services, such as screening and motivationally based interventions at the time of a traumatic episode involving alcohol or drugs, may be advantageous as these services directly lead to a reduced use of substances and prevent further injuries. These strategies also have the potential to save \$327 million in nationwide direct medical costs over 5 years, so services such as screening should be encouraged.<sup>62, 63</sup>

Several sources can help employers learn about insurance laws in their state, which can help determine the type of insurance to purchase for employees. To find out more about laws in your state, you can contact your state (or county) office for services related to substance use disorders and ask if they have a workplace specialist or advisor. (A list of single-state agencies is provided in the “Resources” section of this planning toolkit.)

Another tool for employees seeking financial assistance for treatment is President Bush’s **Access to Recovery (ATR)** grant program, which is administered by SAMHSA. By providing vouchers to people in need of treatment, the grant program promotes individual choice for addiction treatment and recovery services. It also expands access to care, including access to faith- and community-based programs, and increases substance use disorder treatment capacity.

More information about the **Access to Recovery** initiative and grant program, including a list of states where the program has been launched, is available from SAMHSA at [www.samhsa.gov](http://www.samhsa.gov).

Another SAMHSA grant program, the Recovery Community Services Program (RCSP), provides support services to those seeking recovery from substance use disorders. In RCSP grant projects, peer-to-peer recovery support services are provided to help people initiate and/or sustain recovery from substance use disorders. Some RCSP grant projects also offer support to family members of people needing, seeking, or in recovery. Peer support services are not treatment or post-treatment services provided by professionals, but rather support services from people who share the experiences of addiction and recovery. Peer-to-peer services help prevent relapse and promote long-term recovery, thereby reducing the strain on the overburdened treatment system.<sup>64</sup>

## Making a Difference: What Can I Do?

1. **Set the tone.** Establish a comprehensive drug-free workplace to demonstrate your company’s commitment to an environment and community free of alcohol and drug use. Start by contacting some of the “Workplace Resources” listed at the end of this document.
2. **Make it easy to get help.** Smaller businesses that cannot afford in-house resources should refer employees with substance use disorders (and any co-occurring conditions), and employees impacted by a family member’s disorder, to appropriate local mutual support organizations and



professionals, including certified substance use disorder counselors and therapists. Resources also are available to assist people within a particular field. For example, a law firm may refer an attorney with a substance use disorder to Lawyers Concerned for Lawyers, the American Bar Association Commission on Lawyer Assistance Programs, or its bar association's lawyer assistance program.

- 3. Hire people in recovery.** Recruiting and hiring people in recovery helps them regain control of their lives and reduces the stigma of substance use disorders by sending a positive message that people in recovery can become productive members of society. The National Association on Drug Abuse Problems, Inc., (NADAP) has smoothed the transition from treatment to employment for nearly 10,000 men and women through its business and labor partnerships. For more information, call 212-986-1170 or go to [www.nadap.org](http://www.nadap.org).
- 4. Provide health insurance coverage.** The cost of treatment for substance use disorders can be a barrier to receiving treatment.<sup>65</sup> Many people in recovery who have private health insurance often find that coverage for treatment for their disorder is limited or non-existent. To fill this void, a business can negotiate coverage of behavioral health services, including substance use disorder treatment and counseling, with its health insurance company.

## **Making a Difference: How Can I Contribute to *Recovery Month*?**

Each September, ***National Alcohol and Drug Addiction Recovery Month (Recovery Month)*** is celebrated by hundreds of organizations across the country to highlight the importance of treatment for substance use disorders. Your company can make a difference by taking part in outreach efforts to promote and observe ***Recovery Month***.

- 1. Educate your employees.** The most important audience you can reach with information about substance use disorder treatment is your workforce—and employers can also reach their employees' family members by mailing information to them at home. Provide them with facts on the signs and symptoms of substance use disorders, treatment options, *and* the company's policy on supporting employees in recovery. Deliver ***Recovery Month*** information through the company intranet, internal newsletters, e-mails, paycheck inserts, and/or bulletin boards in common areas throughout the office.
- 2. Act locally.** Make a financial donation (if donations are accepted), coordinate a volunteer effort with a group of employees, sponsor a ***Recovery Month*** educational or publicity event, or offer *pro bono* company services to a local provider of substance use disorder recovery services.

3. **Go public.** Distribute a press release to the local media about your company's **Recovery Month** activities, highlighting the company's drug education program as well. Or write an article for placement in a business publication that expresses your opinion about substance use disorders in the workplace and what can be done to help remedy the problem. Support your position with relevant statistics or scientific study results (which can be found through the resources at the end of this document), personal anecdotes, or references to recent news events. Celebrate employees in recovery (with their permission) by highlighting their accomplishments in the company publication, or by posting their success stories in common work areas.
4. **Evaluate your efforts.** Survey your employees to obtain feedback on your company's workplace drug education program and determine what elements are not effective. Ensure confidentiality of their responses, and use the findings to make decisions regarding any modifications to the program.

For additional **Recovery Month** materials, visit our Web site at [www.recoverymonth.gov](http://www.recoverymonth.gov) or call 1-800-662-HELP.

## Workplace Resources

### Federal Agencies

#### EXECUTIVE OFFICE OF THE PRESIDENT (EOP)

##### White House Office of National Drug Control Policy (ONDCP) Information Clearinghouse

*This Federal office establishes policies, priorities, and objectives for the Nation's drug control program.*

P.O. Box 6000

Rockville, MD 20849-6000

800-666-3332 (Toll-Free)

[www.whitehousedrugpolicy.gov](http://www.whitehousedrugpolicy.gov)

#### U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)

*This government agency provides information and resources on alcohol and drug use disorders and health insurance/Medicaid issues.*

200 Independence Avenue SW

Washington, D.C. 20201

877-696-6775 (Toll-Free)

[www.hhs.gov](http://www.hhs.gov)

#### HHS, National Institutes of Health (NIH)

*The National Institutes of Health is the steward of medical and behavioral research for the nation. It is an agency under the U.S. Department of Health and Human Services.*

9000 Rockville Pike

Bethesda, MD 20892

301-496-4000

[www.nih.gov](http://www.nih.gov)

#### HHS, NIH

##### National Institute on Alcohol Abuse and Alcoholism (NIAAA)

*This institute provides leadership in the national effort to reduce alcohol-related problems by conducting and supporting research in a wide range of scientific areas.*

5635 Fishers Lane, MSC 9304

Bethesda, MD 20892-9304

301-443-3885

[www.niaaa.nih.gov](http://www.niaaa.nih.gov)

## **HHS, NIH**

### **National Institute on Drug Abuse (NIDA)**

*This government institute supports more than 85 percent of the world's research on the health aspects of drug abuse and addiction and carries out a broad range of programs to ensure rapid dissemination of research information and its implementation in policy and practice.*

6001 Executive Boulevard

Room 5213, MSC 9561

Bethesda, MD 20892-9561

Telefax fact sheets: 888-NIH-NIDA (Voice)  
(Toll-Free)

Or 888-TTY-NIDA (TTY) (Toll-Free)

301-443-1124

[www.nida.nih.gov](http://www.nida.nih.gov)

## **HHS, Substance Abuse and Mental Health Services Administration (SAMHSA)**

*This Federal agency improves the quality and availability of prevention, treatment, and rehabilitative services in order to reduce illness, death, disability, and cost to society resulting from alcohol and drug use disorders and mental illnesses.*

1 Choke Cherry Road, 8<sup>th</sup> Floor

Rockville, MD 20857

240-276-2130

[www.samhsa.gov](http://www.samhsa.gov)

## **HHS, SAMHSA**

### **Center for Substance Abuse Prevention (CSAP)**

*This government organization improves the accessibility and quality of alcohol and drug use disorder prevention programs and provides national leadership in the development of policies, programs, and services to prevent the onset of illegal drug use and underage alcohol and tobacco use.*

1 Choke Cherry Road

Rockville, MD 20857

240-276-2420

[www.samhsa.gov/centers/csap/csap.html](http://www.samhsa.gov/centers/csap/csap.html)

## **HHS, SAMHSA, CSAP**

### **GetFit**

*This interactive workplace Web site provides information about physical health, mental health, drugs, and alcohol. Its goal is to improve the health, safety, and quality of life for employees and their families across the nation.*

[www.getfit.samhsa.gov](http://www.getfit.samhsa.gov)

## **HHS, SAMHSA, CSAP**

### **Workplace Resource Center Helpline**

*This helpline supplies centralized access to information about drug-free workplaces and related topics.*

1 Choke Cherry Road

Rockville, MD 20857

240-276-2600

800-WORKPLACE (800-967-5752) (Toll-Free)

[www.drugfreeworkplace.gov](http://www.drugfreeworkplace.gov)

## **HHS, SAMHSA**

### **Center for Substance Abuse Treatment (CSAT)**

*This government organization provides information on treatment programs, publications, funding opportunities, and resources and sponsors **Recovery Month**.*

1 Choke Cherry Road, 5<sup>th</sup> Floor

Rockville, MD 20857

240-276-2750

[www.samhsa.gov/centers/csat/csat.html](http://www.samhsa.gov/centers/csat/csat.html)

## **HHS, SAMHSA**

### **National Helpline**

*This national hotline offers confidential information on alcohol and drug use disorder treatment and referral.*

800-662-HELP (800-662-4357) (Toll-Free)

800-487-4889 (TDD) (Toll-Free)

877-767-8432 (Spanish) (Toll-Free)

[www.samhsa.gov](http://www.samhsa.gov)

## **HHS, SAMHSA**

### **Office of Applied Studies**

*The Office of Applied Studies (OAS) serves as SAMHSA's focal point for data collection, analysis, and dissemination activities.*

1 Choke Cherry Road, 5<sup>th</sup> Floor  
Rockville, MD 20857  
240-276-1212  
[www.oas.samhsa.gov/](http://www.oas.samhsa.gov/)

## **HHS, SAMHSA**

### **Substance Abuse Treatment Facility Locator**

*This is a searchable directory of alcohol and drug treatment programs.*  
[www.findtreatment.samhsa.gov](http://www.findtreatment.samhsa.gov)

## **U.S. DEPARTMENT OF LABOR (DOL) Working Partners for an Alcohol- and Drug-Free Workplace**

*Working Partners helps to build a drug-free workforce by equipping businesses and communities with tools and information to effectively address alcohol and drug problems.*

U.S. Department of Labor  
200 Constitution Avenue NW, Room S-2312  
Washington, D.C. 20210  
202-693-5919  
[www.dol.gov/workingpartners](http://www.dol.gov/workingpartners)

## **DOL, Drug-Free Workplace Advisor**

*The Drug-Free Workplace Advisor provides information to businesses about how to establish and maintain an alcohol- and drug-free workplace. This Advisor also provides information about the Drug-Free Workplace Act of 1988 based on the Office of Management and Budget's (OMB) government-wide non-regulatory guidance.*

U.S. Department of Labor  
200 Constitution Avenue NW, Room S-2312  
Washington, D.C. 20210  
202-693-5919  
[www.dol.gov/elaws/drugfree.htm](http://www.dol.gov/elaws/drugfree.htm)

## **DOL, Substance Abuse Information Database**

*This interactive database of the U.S. Department of Labor's Working Partners for an Alcohol- and Drug-Free Workplace provides a one-stop source of information with summaries and full text of materials relating to workplace substance abuse issues. Employers can draw on articles from experts as well as success stories from a variety of industries to assist them in establishing and maintaining a workplace substance abuse program.*  
U.S. Department of Labor  
200 Constitution Avenue NW, Room S-2312  
Washington, D.C. 20210  
202-693-5919  
<http://said.dol.gov/>

## **U.S. SMALL BUSINESS ADMINISTRATION (SBA)**

*Financial, technical, and management assistance is offered to small businesses, including information about grants/loans and employee assistance programs.*  
409 Third Street SW  
Washington, D.C. 20416  
800-U-ASK-SBA (Toll-Free)  
[www.sba.gov](http://www.sba.gov)

## **Drug-Free Workplace Programs**

### **The Anti Drug@Work**

*TheAntiDrug.com serves as a drug prevention information center and a supportive community for parents to interact and learn from each other.*  
405 Lexington Avenue, 16<sup>th</sup> Floor  
New York, NY 10174  
800-729-6686 (Toll-Free)  
[www.theantidrug.com/atwork/](http://www.theantidrug.com/atwork/)

### **Institute for a Drug-Free Workplace**

*This institute emphasizes the need for drug-free workplace programs and educates employers and the public at large about the rights and responsibilities of employers and employees with regard to drug use disorders and the workplace.*  
1400 L Street NW, 7<sup>th</sup> Floor  
Washington, D.C. 20005  
202-842-7400  
[www.drugfreeworkplace.org](http://www.drugfreeworkplace.org)

## Employee Assistance Programs

### Employee Assistance Professionals Association

*This membership organization offers resources to employee assistance professionals.*

2101 Wilson Boulevard, Suite 500  
Arlington, VA 22201-3062  
703-387-1000  
[www.eapassn.org](http://www.eapassn.org)

### Employee Assistance Society of North America

*This society provides information for EAP professionals and organizations.*

230 East Ohio Street, Suite 400  
Chicago, IL 60611-3265  
312-644-0828  
[www.easna.org](http://www.easna.org)

## Employment and Training

### National Association on Drug Abuse Problems, Inc.

*A private non-profit organization founded by business and labor leaders, this office provides programs that assist at-risk and underserved individuals to become independent, self-sufficient, and employed.*

355 Lexington Avenue, Second Floor  
New York, NY 10017  
212-986-1170  
[www.nadap.org](http://www.nadap.org)

## Public Policy and Research

### Center for Alcohol and Drug Research and Education

*This international non-profit organization provides public information and technical assistance, guidance, information, and expert service to individuals, organizations, governmental agencies, and a variety of non-profit organizations in the private sector to improve the quality of their response to alcohol and drug use disorders.*

6200 North Charles Street, Suite 100  
Baltimore, MD 21212-1112  
410-377-8992  
[www.alcoholanddrugs.com](http://www.alcoholanddrugs.com)

### Faces & Voices of Recovery

*This national recovery advocacy campaign mobilizes people in recovery from alcohol and drug use disorders and their family members, friends, and allies.*

1010 Vermont Avenue NW, Suite 708  
Washington, D.C. 20005  
202-737-0690  
[www.facesandvoicesofrecovery.org](http://www.facesandvoicesofrecovery.org)

### Health Policy Institute: Center on an Aging Society at Georgetown University

*The center is a non-partisan public policy institute that fosters critical thinking about the implications of an aging society and studies the impact of demographic changes on public and private institutions and families of all ages.*

2233 Wisconsin Avenue NW, Suite 525  
Washington, D.C. 20007  
202-687-9840  
<http://ihcrp.georgetown.edu/agingsociety>

**National Association of State Alcohol  
and Drug Abuse Directors (NASADAD)**

*This association supports the  
development of effective prevention  
and treatment programs throughout  
every state.*

808 17<sup>th</sup> Street NW, Suite 410  
Washington, D.C. 20006  
202-293-0090  
[www.nasadad.org](http://www.nasadad.org)

**Society for Human Resource  
Management (SHRM)**

*The Society for Human Resource  
Management (SHRM) is the world's  
largest association devoted to  
human resource management.*

1800 Duke Street  
Alexandria, VA 22314  
800-283-SHRM (Toll-Free)  
[www.shrm.org/](http://www.shrm.org/)

**Small Business Assistance**

**National Governors Association  
Center for Best Practices**

*This bi-partisan, non-profit association  
represents the collective voice of the  
nation's Governors. Its mission is to  
help shape and implement national  
policy and help Governors and their  
policy staff develop and implement  
innovative solutions to the challenges  
facing their states.*

444 North Capitol Street, Suite 267  
Washington, D.C. 20001  
202-624-5300  
[www.nag.org/center](http://www.nag.org/center)

**Treatment**

**The Ensuring Solutions to  
Alcohol Problems Initiative  
George Washington University**

*This organization works to increase access to  
treatment for individuals with alcohol problems  
by collaborating with policymakers, employers,  
and concerned citizens.*

2021 K Street NW, Suite 800  
Washington, D.C. 20006  
202-296-6922  
[www.ensuringsolutions.org](http://www.ensuringsolutions.org)

**Hazelden Foundation**

*This non-profit, private treatment organization  
offers publications and programs for individuals,  
families, professionals, and communities to pre-  
vent and treat alcohol and drug use disorders.*

P.O. Box 11  
Center City, MN 55012  
800-257-7810 (Toll-Free)  
[www.hazelden.com](http://www.hazelden.com)

**National Association on Alcohol, Drugs and  
Disability, Inc. (NAADD)**

*This association promotes awareness and educa-  
tion about alcohol and drug use disorders among  
people with physical, sensory, cognitive, and  
developmental disabilities.*

2165 Bunker Hill Drive  
San Mateo, CA 94402-3801  
650-578-8047  
[www.naadd.org](http://www.naadd.org)

*This list is not exhaustive of all available resources.  
Inclusion does not constitute endorsement by  
the U.S. Department of Health and Human  
Services, the Substance Abuse and Mental  
Health Services Administration, or its Center  
for Substance Abuse Treatment.*



## Sources

- 1 *Results from the 2003 National Survey on Drug Use and Health: National Findings*. DHHS Publication No. (SMA) 04-3964. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies, September 2004, p. 4.
- 2 U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention Web site: [www.drugfreeworkplace.gov/DrugFreeWP/Benefits.html](http://www.drugfreeworkplace.gov/DrugFreeWP/Benefits.html), section entitled "Drug-Free Workplace Programs: Benefits and Costs," p.1. Accessed October 21, 2004.
- 3 *Faces & Voices of Recovery Public Survey*. Washington, D.C.: Peter D. Hart Research Associates, Inc., and Coldwater Corporation, May 4, 2004, p. 1.
- 4 *Results from the 2003 National Survey on Drug Use and Health: National Findings*, p. 57.
- 5 *Ibid*, p. 4.
- 6 *The DASIS Report: Employed Admissions: 2001*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies, April 2, 2004, p. 1.
- 7 Blum, Dorothy K., Vice President of the Employee Assistance Professionals Association, testimony given to Join Together/Demand Treatment Discrimination Policy Panel. Washington, D.C., August 2002, p. 2.
- 8 "The Alcohol Cost Calculator for Business." The George Washington University Medical Center, Ensuring Solutions to Alcohol Problems Web site: [www.alcoholcostcalculator.org/business/index.html](http://www.alcoholcostcalculator.org/business/index.html), p.1. Accessed July 30, 2004.
- 9 *Pathways of Addiction: Opportunities in Drug Abuse Research*. National Academy Press. Washington, D.C.: Institute of Medicine, 1996.
- 10 U.S. Department of Labor Web site: [www.dol.gov/asp/programs/drugs/workingpartners/dfworkforce/dfwf\\_who.asp](http://www.dol.gov/asp/programs/drugs/workingpartners/dfworkforce/dfwf_who.asp), section entitled "Who are workers in recovery?," p.1. Accessed June 28, 2004.
- 11 *Results from the 2003 National Survey on Drug Use and Health: National Findings*, p. 66.
- 12 Chalk, Mary Beth. Telephone Substance Abuse Treatment: The Next Generation of Care. *Employee Benefit Plan Review* (58) 2, August 2003, pp. 17, 18.
- 13 U.S. Department of Labor's "Drug-Free Workplace Advisor" Web sites, [www.dol.gov/elaws/asp/drugfree/drugs/screen15.asp?selection\\_list=](http://www.dol.gov/elaws/asp/drugfree/drugs/screen15.asp?selection_list=) and [www.dol.gov/elaws/asp/drugfree/drugs/screen92.asp](http://www.dol.gov/elaws/asp/drugfree/drugs/screen92.asp), sections entitled "Program Builder Main Menu" and "Drug Testing." Accessed October 20, 2004.
- 14 U.S. Department of Labor Web site: [www.dol.gov/asp/programs/drugs/said/helpWithStateLaws.asp](http://www.dol.gov/asp/programs/drugs/said/helpWithStateLaws.asp), section entitled "Help with State and Territory Laws," para.1. Accessed October 20, 2004.
- 15 *Treatment for Addiction: Advancing the Common Good*. Boston, MA: Join Together Policy Panel, January 1998, pp. 3-7.
- 16 *Principles of Drug Addiction Treatment: A Research-Based Guide*. NIH Publication No. 00-4180. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Drug Abuse, printed October 1999/reprinted July 2000, pp. 5, 13-15.
- 17 Daley, D.C., Marlatt, G.A. Relapse prevention: Cognitive and behavioral interventions. *Substance abuse: A comprehensive textbook*, Lowinson, Ruiz, Millman, Langrod (editors), 1992, pp. 533-542.
- 18 *Smart Solutions: Creating a Supportive Work Environment for Individuals Recovering From Substance Abuse and Transitioning Off Welfare*. New York, NY: The Welfare to Work Partnership, The National Center on Addiction and Substance Abuse at Columbia University, August 1999, p. 3.
- 19 *National Household Survey on Drug Abuse, 2001*. DHHS Publication No. (SMA) 02-3758. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies, September 2002, Ensuring Solutions to Alcohol Problems' analysis of data.
- 20 Cummings, C.R., testimony on workplace substance abuse prevention programs before the Subcommittee on National Security, International Affairs and Criminal Justice of the U.S. House of Representatives, 1996. (Cummings manages labor relations and employment compliance at ChevronTexaco, formerly known as Chevron Corporation.)
- 21 *Issue Brief 8: Employer Commitment Can Help Overcome Obstacles to Effective Alcohol Treatment*. Washington, D.C.: The George Washington University Medical Center, Ensuring Solutions to Alcohol Problems, October 2003, p. 2.
- 22 Join Together Online Web site, April 17, 2002: [www.jointogether.org/sa/news/features/print/0,1856,550163,00.html](http://www.jointogether.org/sa/news/features/print/0,1856,550163,00.html), section entitled "Employers See Problems with Managed Treatment, But Not Convinced About Solutions," p.1. Accessed August 2004.
- 23 "The Alcohol Cost Calculator for Business," p. 1.
- 24 *Principles of Medical Ethics: Public Policy of ASAM*. Washington, D.C.: American Society of Addiction Medicine, 2001.
- 25 *What Works: Workplaces Without Alcohol and Other Drugs*. U.S. Government Printing Office 282-148/54629. Washington, D.C.: U.S. Department of Labor, October 1991 (reprinted 1994), p. 11.
- 26 U.S. Department of Labor Web site: [www.dol.gov/asp/programs/drugs/workingpartners/dfworkplace/ea.asp](http://www.dol.gov/asp/programs/drugs/workingpartners/dfworkplace/ea.asp), section entitled "Employee Assistance," summary of p. 1. Accessed February 2004.
- 27 *Worker Drug Use and Workplace Policies and Programs: Results from the 1994 and 1997 National Household Survey on Drug Abuse*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies, September 1999, section entitled "Current Illicit Drug Use and Workplace Information, Policies, and Programs."
- 28 Robinson, B., Smith-Lebow, B. Behavioral Health Disabilities: Managing a Growing Concern. *Employee Benefit Plan Review* (58) 2, August 2003, pp. 16, 17.
- 29 *Open Minds Newsletter*. Gettysburg, PA: Open Minds: The Behavioral Health and Social Service Industry Analyst, 2002, section entitled "Industry Statistics."
- 30 *The National Household Survey on Drug Abuse: Awareness of Workplace Substance Use Policies and Programs*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies, September 27, 2002, p.1.

- 31 Hazelden Foundation Web site, 2003: [www.hazelden.org/servlet/hazelden/cms/ptt/hazl\\_7030\\_shade.html?sf=t&sh=t&page\\_id=27247](http://www.hazelden.org/servlet/hazelden/cms/ptt/hazl_7030_shade.html?sf=t&sh=t&page_id=27247), section entitled "Workplace Addiction Survey," para. 1. Accessed December 3, 2004.
- 32 *The National Drug Control Strategy*. 1999. ONDCP 1999a. Washington, D.C.: Office of National Drug Control Policy.
- 33 Erfurt, J.C. EAP and wellness program follow-up as primary, secondary and tertiary prevention strategies in the workplace. In *Alcohol Problem Intervention in the Workplace*, ed. Paul Roman. New York: Quorum Books, 1990
- 34 *Open Minds Newsletter*, section entitled "Industry Statistics."
- 35 Roman, P.M., and Blum, T.C. The Workplace and Alcohol Problem Prevention. National Institute on Alcohol Abuse and Alcoholism. *Alcohol Research and Health*, 2002, 26(1): 49-57.
- 36 Roman, P.M. The Salience of Alcohol Problems in the Work Setting: Introduction and Overview. In *Alcohol Problem Intervention in the Workplace*, ed. Paul Roman. New York: Quorum Books, 1990, pp. 1-18.
- 37 Society for Human Resource Management Web site: [www.shrm.org/press\\_published/1\\_CMS\\_006639.asp](http://www.shrm.org/press_published/1_CMS_006639.asp), section entitled "HR Professionals See More Employees Struggle with Elder Care," p. 1. Accessed August 2004.
- 38 Survey of human resource professionals conducted at the Society for Human Resource Management Leadership Conference, 1999.
- 39 Society for Human Resource Management Web site: [www.shrm.org/press\\_published/1\\_CMS\\_006639.asp](http://www.shrm.org/press_published/1_CMS_006639.asp), section entitled "HR Professionals See More Employees Struggle with Elder Care," p.1. Accessed August 2004.
- 40 *What Works: Workplaces Without Alcohol and Other Drugs*, pp. 9, 10, 12.
- 41 *Ibid*, p. 7.
- 42 U.S. Department of Labor Web site: [www.dol.gov/asp/programs/drugs/workingpartners/dfworkforce/dfwf\\_steps.asp](http://www.dol.gov/asp/programs/drugs/workingpartners/dfworkforce/dfwf_steps.asp), section entitled "Steps employers can take to ensure their workplace is recovery friendly," p.1. Accessed June 2004.
- 43 *Ibid*, section entitled "Drug-free workplace" and links on p. 1. Accessed November 16, 2004.
- 44 Chalk, Mary Beth. Telephone Substance Abuse Treatment: The Next Generation of Care, pp.17, 18.
- 45 NGA Center for Best Practices Web site, October 30, 2003: [www.nga.org/center/frontAndCenter/1,1188,T\\_CEN\\_HES^D\\_6075,00.html](http://www.nga.org/center/frontAndCenter/1,1188,T_CEN_HES^D_6075,00.html), section entitled "Relapse Prevention is Effective Treatment for Addictive Diseases," p.1. Accessed October 21, 2004.
- 46 U.S. Department of Labor Web site: [www.dol.gov/asp/programs/drugs/workingpartners/dfworkforce/dfwf\\_steps.asp](http://www.dol.gov/asp/programs/drugs/workingpartners/dfworkforce/dfwf_steps.asp), section entitled "Steps employers can take to ensure their workplace is recovery friendly," p.1. Accessed June 2004.
- 47 Roman, P.M. The Salience of Alcohol Problems in the Work Setting: Introduction and Overview, pp. 1-18.
- 48 Zarkin, G.A., Bray, J.W. and Qi, J. The Effect of Employee Assistance Programs Use on Healthcare Utilization. *Health Services Research*, 2000, 35 (1):77-100.
- 49 Tommy Thompson, Secretary of the U.S. Department of Health and Human Services, Steps to a Healthier US national summit speech. Baltimore, MD: April 15-16, 2003, p. 2.
- 50 The George Washington University Medical Center, Ensuring Solutions to Alcohol Problems Web site: [www.alcoholcostcalculator.org/business/save/print-save.html](http://www.alcoholcostcalculator.org/business/save/print-save.html), section entitled "How Businesses Save," p.1. Accessed July 2004.
- 51 Goplerud, E., and Cmons, M., et al. *Workplace Solutions: Treating Alcohol Problems Through Employment-Based Health Insurance*. Ensuring Solutions Research Report. Washington, D.C.: The George Washington University Medical Center, Ensuring Solutions to Alcohol Problems, December 2002, p. 7.
- 52 Strunk, B. C., and Reschovsky, J. D., et. al. *Trends in U.S. Health Insurance Coverage, 2001-2003*. Center for Studying Health System Change, Tracking Report, August 2004, p. 1.
- 53 "NIDA NewsScan for July 30, 2003." U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Drug Abuse Web site: [www.drugabuse.gov/newsroom/03/NS-07-30.html](http://www.drugabuse.gov/newsroom/03/NS-07-30.html), section entitled "Individuals With Medical Conditions Related to Alcohol or Drug Abuse Benefit From Integrating Medical and Substance Abuse Treatment." Accessed September 23, 2004.
- 54 The George Washington University Medical Center, Ensuring Solutions to Alcohol Problems Web site: [www.alcoholcostcalculator.org/business/save/print-save.html](http://www.alcoholcostcalculator.org/business/save/print-save.html), section entitled "How Businesses Save," p.1. Accessed July 2004.
- 55 Harwood, H.J., Malhotra, D., et al. *Cost Effectiveness and Cost Benefit Analysis of Substance Abuse Treatment: An Annotated Bibliography*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, 2002.
- 56 Holder, H.D., Lennox, R.D., and Blose, J.O. The economic benefits of alcoholism treatment: A summary of twenty years of research. *Journal of Employee Assistance Research*, 1992, 1(1), 63-82.
- 57 *Tenth Special Report to U.S. Congress on Alcohol and Health*. Rockville, MD: National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism, 2000, p. 361.
- 58 *Substance Abuse: The Nation's Number One Health Problem*. Boston, MA: Brandeis University, Schneider Institute for Health Policy, 2001, p. 110.
- 59 *Rewarding Results: Improving the Quality of Treatment for People with Alcohol and Drug Problems*. Recommendations from a National Policy Panel. Boston, MA: Join Together, a project of the Boston University School of Public Health, 2003, p. 7.
- 60 Chalk, Mary Beth. Telephone Substance Abuse Treatment: The Next Generation of Care, p. 19.
- 61 Join Together Online Web site, April 17, 2002: [www.jointogether.org/sa/news/features/print/0,1856,550163,00.html](http://www.jointogether.org/sa/news/features/print/0,1856,550163,00.html), section entitled "Employers See Problems with Managed Treatment, But Not Convinced About Solutions," p.1. Accessed August 2004.
- 62 Gentilello, L.M., et al. Alcohol interventions at a trauma center as a means of reducing the risk of injury recurrence. *Annals of Surgery* 1999, 230(4):473-483.
- 63 *Resolution in Support of Amending the NAIC Uniform Accident and Sickness Policy Provision Law*. Washington, D.C.: National Conference of Insurance Legislators, adopted March 2, 2001.
- 64 U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, Recovery Community Services Program Web site: <http://rcsp.samhsa.gov>, sections entitled "The Recovery Community Services Program," "About the RCSP Program," and "Peer Services: Peers Helping Peers." Accessed November 16, 2004.
- 65 *Results from the 2003 National Survey on Drug Use and Health: National Findings*, p. 5.